

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type of Print Clearly)				
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Horiuchi-Bell	Anne	T.	808-547-5600	
MAILING ADDRESS (Street)			FAX	
1099 Alakea Street, Suite 1800			808-547-5880	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Goodsill Anderson Quinn & Stifel			808-547-5600	
MAILING ADDRESS (Street)			FAX	
1099 Alakea Street, Suite 1800			808-547-5880	
(City)	(State)		(Zip Code)	
Honolulu	HI		96813	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TENEPHONE.
FedState Strategic Consulting, Inc. on behalf of Wyndham Worldwide	742 4311
MAILING ADDRESS (Street)	FAGO 2
101 CONSTITUTION AVENWSTETA	742 4271
(City) (State) (Zip	Code)
WASHINGTON DC 2000/	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
CARRIEA. HARTGEN	7424311
MAILING ADDRESS (Street)	FAY 107
101 CONSTITUTION AVENU FOO	7424271
(City) (State) (Zip	Code)
WASHINGTON DC 20001	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Ø Other: (indicate below) Taxation		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Taxalion		
PART IV CERTIFICATION	ON OF LOBBYIST				
		e is to the best of my knowled	ge. correct and complete.		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Anne J. Horizon Bull 9/26/06					
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZAT	ION TO LOBBY				
NAME SCOTT G. MCLESTER, ENP + GEN, COUNISEL					
NAME OF ORGANIZATION (IF	applicable) M WOLLDW	IDE	154540MB 4947247		
MAILING ADDRESS (Street) ONE SYLVAN WAY					
PARSIPPANY NJ 07054 (State)					
I hereby authorize the	e above - named person to en	ngage in lobbying activities on b	, ,		
) m (Syster		7/22/06		
(Signature of Authorizing Officer or Person Represented)			(Date)		